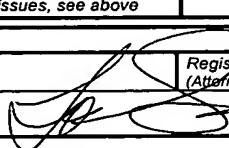


Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>UTILITY PATENT APPLICATION TRANSMITTAL</b> <small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small>		<b>Attorney Docket No.</b> H9876.0054/P054-B <b>First Inventor</b> Yutaka Yamana <b>Title</b> DATA PROCESSING METHOD <b>Express Mail Label No.</b> 168334 U.S. PTO 10/694740 102903																												
<b>APPLICATION ELEMENTS</b> <small>See MPEP chapter 600 concerning utility patent application contents.</small>		<b>ADDRESS TO:</b> MS Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450																												
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <small>(Submit an original, and a duplicate for fee processing)</small> 2. <input type="checkbox"/> Applicant claims small entity status. <small>See 37 CFR 1.27.</small> 3. <input checked="" type="checkbox"/> Specification <span style="border: 1px solid black; padding: 2px;">[Total Pages 60]</span> <small>(preferred arrangement set forth below)</small> <ul style="list-style-type: none"> <li>- Descriptive title of the invention</li> <li>- Cross Reference to Related Applications</li> <li>- Statement Regarding Fed sponsored R &amp; D</li> <li>- Reference to sequence listing, a table, or a computer program listing appendix</li> <li>- Background of the Invention</li> <li>- Brief Summary of the Invention</li> <li>- Brief Description of the Drawings (if filed)</li> <li>- Detailed Description</li> <li>- Claim(s)</li> <li>- Abstract of the Disclosure</li> </ul> 4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) <span style="border: 1px solid black; padding: 2px;">[Total Sheets 17]</span> 5. Oath or Declaration <span style="border: 1px solid black; padding: 2px;">[Total Sheets 6]</span> <ul style="list-style-type: none"> <li>a. <input type="checkbox"/> Newly executed (original or copy)</li> <li>b. <input checked="" type="checkbox"/> Copy from a prior application (37 CFR 1.63(d))  <small>(for continuation/divisional with Box 18 completed)</small> <ul style="list-style-type: none"> <li>i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b>  <small>Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</small></li> </ul> </li> </ul> 6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76		7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) 8. Nucleotide and/or Amino Acid Sequence Submission <small>(if applicable, all necessary)</small> <ul style="list-style-type: none"> <li>a. <input type="checkbox"/> Computer Readable Form (CRF)</li> <li>b. Specification Sequence Listing on:               <ul style="list-style-type: none"> <li>i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or <input type="checkbox"/> Paper</li> <li>ii. <input type="checkbox"/> Statements verifying identity of above copies</li> </ul> </li> </ul>																												
18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76:		<b>ACCOMPANYING APPLICATION PARTS</b> <ul style="list-style-type: none"> <li>9. <input type="checkbox"/> Assignment Papers (cover sheet &amp; document(s))</li> <li>10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney (when there is an assignee)</li> <li>11. <input type="checkbox"/> English Translation Document (if applicable)</li> <li>12. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input checked="" type="checkbox"/> Copies of IDS Citations</li> <li>13. <input checked="" type="checkbox"/> Preliminary Amendment</li> <li>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)  <small>(Should be specifically itemized)</small></li> <li>15. <input type="checkbox"/> Certified Copy of Priority Document(s)  <small>(if foreign priority is claimed)</small></li> <li>16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i).  <small>Applicant must attach form PTO/SB/35 or its equivalent.</small></li> <li>17. <input type="checkbox"/> Other: _____</li> </ul>																												
Prior application information: Examiner <u>Jessica Harrison</u> Art Unit: <u>3714</u>		<input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No.: <u>09/660,334</u>																												
<b>19. CORRESPONDENCE ADDRESS</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;"><input checked="" type="checkbox"/> Customer Number:</td> <td style="width: 40%;">24998</td> <td style="width: 20%; text-align: center;"><b>OR</b></td> <td style="width: 20%;"><input type="checkbox"/> Correspondence address below</td> </tr> <tr> <td>Name</td> <td colspan="3">DICKSTEIN SHAPIRO MORIN &amp; OSHINSKY LLP Thomas J. D'Amico</td> </tr> <tr> <td>Address</td> <td colspan="3">2101 L Street NW</td> </tr> <tr> <td>City</td> <td>Washington</td> <td>State</td> <td>DC</td> </tr> <tr> <td>Country</td> <td>US</td> <td>Telephone</td> <td>(202) 785-9700</td> </tr> <tr> <td colspan="2">Name (Print/Type)</td> <td colspan="2">Registration No. (Attorney/Agent)</td> </tr> <tr> <td colspan="2">Signature</td> <td colspan="2">Date</td> </tr> </table>			<input checked="" type="checkbox"/> Customer Number:	24998	<b>OR</b>	<input type="checkbox"/> Correspondence address below	Name	DICKSTEIN SHAPIRO MORIN & OSHINSKY LLP Thomas J. D'Amico			Address	2101 L Street NW			City	Washington	State	DC	Country	US	Telephone	(202) 785-9700	Name (Print/Type)		Registration No. (Attorney/Agent)		Signature		Date	
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<u>Thomas J. D'Amico</u>		October 29, 2003																												

<h1 style="margin: 0;">FEE TRANSMITTAL</h1> <h2 style="margin: 0;">for FY 2004</h2>		<b>Complete if Known</b>																																																																																																																																																												
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Deposit Account Name <b>Dickstein Shapiro Morin &amp; Oshinsky LLP</b> The Director is authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; padding: 5px;">Large Entity</th> <th style="text-align: left; padding: 5px;">Small Entity</th> <th colspan="2" style="text-align: left; padding: 5px;">Fee Description</th> <th style="text-align: left; padding: 5px;">Fee Paid</th> </tr> <tr> <th style="text-align: left; padding: 5px;">Fee Code</th> <th style="text-align: left; padding: 5px;">Fee (\$)</th> <th style="text-align: left; padding: 5px;">Fee Code</th> <th style="text-align: left; 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padding: 5px;">740</td> <td style="text-align: left; padding: 5px;">Extension for reply within fourth month</td> </tr> <tr> <td style="text-align: left; padding: 5px;">1255</td> <td style="text-align: left; padding: 5px;">2,010</td> <td style="text-align: left; padding: 5px;">2255</td> <td style="text-align: left; padding: 5px;">1,005</td> <td style="text-align: left; padding: 5px;">Extension for reply within fifth month</td> </tr> <tr> <td style="text-align: left; padding: 5px;">1401</td> <td style="text-align: left; padding: 5px;">330</td> <td style="text-align: left; padding: 5px;">2401</td> <td style="text-align: left; padding: 5px;">165</td> <td style="text-align: left; padding: 5px;">Notice of Appeal</td> </tr> <tr> <td style="text-align: left; padding: 5px;">1402</td> <td style="text-align: left; padding: 5px;">330</td> <td style="text-align: left; padding: 5px;">2402</td> <td style="text-align: left; padding: 5px;">165</td> <td style="text-align: left; padding: 5px;">Filing a brief in support of an appeal</td> </tr> <tr> <td style="text-align: left; 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<b>SUBMITTED BY</b>		(Complete if applicable)			
Name (Print/Type)	Thomas J. D'Amico	Registration No. (Attorney/Agent)	28,371	Telephone	(202) 828-2232
Signature			Date	October 29, 2003	